



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

June 25, 2014

Russell T. Harvey
Casa Escobar Malibu Beach, LLC
22969 Pacific Coast Hwy
Malibu, CA 90265

**HEARING ON APPLICATION FOR
ENTERTAINMENT-GEN. W/ DANCE/ ANNUAL DANCE
BUSINESS LICENSE ID #140683**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, July 9, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :METROPOLITAN NEWS ENTERPRISE

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....06/12/2014
2ND PUBLISHING DATE:.....06/19/2014
3RD PUBLISHING DATE:.....06/26/2014

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

ENTERTAINMENT-GEN. W/DANCE / ANNUAL DANCE

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....22969 PACIFIC COAST HWY
MALIBU, CA 90265
NAME OF APPLICANT:.....CASA ESCOBAR MALIBU BEACH LLC /
RUSSELL T. HARVEY / DBA CASA
ESCOBAR MALIBU BEACH
DATE OF HEARING:.....07/09/2014
TIME OF HEARING:.....09:00 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$2866.00

ID # 140683

BUSINESS INFORMATION

Type of Business: Dance & Entertainment RESTAURANT Dance	Address of Business: 22969 Pacific Coast Hwy. Malibu Ca. 90265 Business Telephone: 310 457 6655
DBA (Business Name): Casa Escobar Malibu Beach LLC	Mailing Address: Same - ↑
Sellers Permit # (State Board of Equalization): 102446019	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:	
Date of Incorporation: 6-26-13	Incorporated in the State of: Calif.
Exact Corporate Name: Casa Escobar Malibu Beach LLC	
Names of Officers	Addresses Calif 91361
Katherine Escobar Harvey	Manager and Member
Russell T. Harvey	Member
Craig Austin	Member
	Member

APPLICANT INFORMATION

Applicant's Full Name: Russell Thomas Harvey		
Home Address:		
Home Telephone:	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date:
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height:	Weight:
	Hair Color:	Eye Color:

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 8-28-13 Applicant's Signature: Russell Harvey
Application taken by: Mb Date: 8-28-13



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 457-6655

OWNER OF BUSINESS: RUSSELL T HARVEY

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC

MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/30/13	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	04/03/14	dmiles
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	03/26/14	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	03/28/14	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/12/14	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/30/14	tchen

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE

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TELEPHONE: (310) 457-6655

OWNER OF BUSINESS: RUSSELL T HARVEY

CAL. DR. LIC.# :

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	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
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<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/30/13	dmiles
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<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	03/28/14	dmiles
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<input checked="" type="checkbox"/> 11. Publishing	YES	06/12/14	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/30/14	tchen

Conditions:

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

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DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
MALIBU**

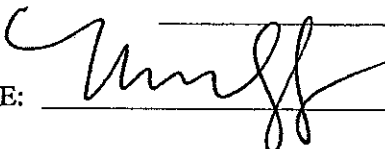
☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

CUPA 11-601 & CUP 09-009
cover conditions of operation

SIGNATURE:



DATE:

8/29/13

BASIC LICENSE NO. 2809

DATE 08/29/13

IDENTIFICATION NUMBER 140683

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 457-6655

OWNER OF BUSINESS: RUSSELL T HARVEY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC

MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

MALIBU

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

CUPA 11-001 & CUP 09-009
cover conditions of operation

SIGNATURE: 

DATE: 8/29/13

BASIC LICENSE NO. 2020

DATE 08/29/13

IDENTIFICATION NUMBER 140683

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 457-6655

OWNER OF BUSINESS: RUSSELL T HARVEY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC

MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____



SIGNATURE: _____

DAVE WISE

DATE: 4-3-14

BASIC LICENSE NO. 2809

DATE 03/28/14

IDENTIFICATION NUMBER 140683

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 457-6655

OWNER OF BUSINESS: RUSSELL T HARVEY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CASA ESCOBAR MALIBU BEACH LLC

MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

APPROVAL



DENIAL

RECOMMENDATION: SIGNATURE: DATE: 

BASIC LICENSE NO. 2020

DATE 04/07/14

IDENTIFICATION NUMBER 140683

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **ENTERTAINMENT-GEN. W/DANCE**

ADDRESS OF BUSINESS: **22969 PACIFIC COAST HWY, MALIBU, CA 90265**

TELEPHONE: **(310) 457-6655**

OWNER OF BUSINESS: **RUSSELL T HARVEY**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **CASA ESCOBAR MALIBU BEACH LLC**

MAILING ADDRESS: **22969 PACIFIC COAST HWY, MALIBU, CA 90265**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 3-26-14

BASIC LICENSE NO. **2809**

DATE **08/29/13**

IDENTIFICATION NUMBER **140683**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **ANNUAL DANCE**

ADDRESS OF BUSINESS: **22969 PACIFIC COAST HWY, MALIBU, CA 90265**

TELEPHONE: **(310) 457-6655**

OWNER OF BUSINESS: **RUSSELL T HARVEY**

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DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

3-26-14

BASIC LICENSE NO. **2020**

DATE **08/29/13**

IDENTIFICATION NUMBER **140683**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

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TELEPHONE: (310) 457-6655

OWNER OF BUSINESS: RUSSELL T HARVEY

CAL. DR. LIC.#:

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MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING

MALIBU

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

CUP 09-009 & CUPA 11-001

cover conditions of operation

SIGNATURE:

[Signature]

DATE:

3/27/14



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

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RECOMMENDATION:

CUP 09-009 + CUPA 11-001

Cover conditions of operations

SIGNATURE:

Cunningham

DATE:

3/27/14

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL☐ DENIALRECOMMENDATION: ApprovalSIGNATURE: [Signature]DATE: 4/29/14

ASIC LICENSE NO. 2809

DATE 04/29/14

IDENTIFICATION NUMBER 140683

04/29/2014 13:57 FAX

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE

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CAL. DR. LIC.#:

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MAILING ADDRESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**☒ APPROVAL☐ DENIALRECOMMENDATION: APPROVEDSIGNATURE: [Signature]DATE: 4/29/14